

| ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS | | | | FOR COURT USE ONLY | |
|---|---|-------------------------------------|-------------------|---|-------|
| TRANSCRIPT ORDER | | | | DUE DATE: | |
| AO 435 (Rev. 04/18) | | | | | |
| <i>Please Read Instructions:</i> | | | | | |
| 1. NAME Gordon Copland | | 2. PHONE NUMBER | | 3. DATE | |
| 4. DELIVERY ADDRESS OR EMAIL gordon.copland@stephens-johnson.com | | 5. CITY | | 6. STATE 7. ZIP CODE | |
| 8. CASE NUMBER 1:18-cv-193 | | 9. JUDGE | | DATES OF PROCEEDINGS 10. FROM 1/10/2020 11. TO 1/10/2020 | |
| 12. CASE NAME AstraZeneca AB v. Mylan Pharmaceuticals | | 13. CITY (telephone) | | LOCATION OF PROCEEDINGS 14. STATE | |
| 15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER | | | | | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) DATE(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | | 1/10/2020 | |
| <input type="checkbox"/> BAIL HEARING | | | | | |
| 17. ORDER | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
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| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | | |
| 18. SIGNATURE | | | | ESTIMATE TOTAL | 40.95 |
| 19. DATE | | | | PROCESSED BY | |
| | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY Cindy Knecht PO Box 326 Wheeling, WV 26003 | | | | COURT ADDRESS | |
| ORDER RECEIVED | DATE | BY | | | |
| DEPOSIT PAID | | | DEPOSIT PAID | | |
| TRANSCRIPT ORDERED | | | TOTAL CHARGES | | 40.95 |
| TRANSCRIPT RECEIVED | | | LESS DEPOSIT | | 40.95 |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | TOTAL REFUNDED | | |
| PARTY RECEIVED TRANSCRIPT | | | TOTAL DUE | | 40.95 |